

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 OCT 31 PM 3:14 TALLAHASSEE, FLORIDA																													
DOCUMENT # P02000029859																																	
1. Corporation Name Greencare Landscape Services, Inc.																																	
2. Principal Office Address P.O. Box 131 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 131 Suite, Apt. #, etc.		REINSTATEMENT 03																													
City & State Estero FL 33928		City & State Estero FL 33928																															
Zip 33928 Country U.S.		Zip 33928 Country U.S.																															
				4. Date Incorporated or Qualified To Do Business in Florida 3/19/02																													
				5. FEI Number 65-0639919 Applied For Not Applicable																													
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name Carolyn Weatherbee 300024329193																																	
Street Address (P.O. Box Number is Not Acceptable) 10/31/03-01025-013 **750.00 3949 Evans Ave. #205																																	
Suite, Apt. #, Etc. #205																																	
City Ft. Myers State FL Zip Code 33901																																	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <i>Carolyn Weatherbee</i> Date 10/13/03 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>Carolyn Weatherbee</td><td>P.O. Box 131</td><td>Estero FL 33928</td></tr><tr><td>VP</td><td>Robert Weatherbee</td><td>P.O. Box 131</td><td>Estero FL 33928</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Carolyn Weatherbee	P.O. Box 131	Estero FL 33928	VP	Robert Weatherbee	P.O. Box 131	Estero FL 33928																
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: <i>Carolyn Weatherbee, president</i> Date 10/13/03 Daytime Phone # 839-275-7766 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	

CR2E081 (10/02)